

General

Title

Stroke and stroke rehabilitation: percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or TIA with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge.

Source(s)

American Academy of Neurology, American College of Radiology, Physician Consortium for Performance Improvement®®, National Committee for Quality Assurance. Stroke and stroke rehabilitation physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2010 Sep. 26 p. [8 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients aged 18 years and older with the diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge.

To promote a comprehensive approach to performance improvement, the Stroke and Stroke Rehabilitation Measurement Set is intended for use in its entirety when measuring clinical quality in the care of eligible patients. Full implementation of this measurement set for patients with a diagnosis of ischemic stroke or transient ischemic attack (TIA) should always include the Physician Consortium for Performance Improvement® measure, [Radiology: Stenosis Measurement in Carotid Imaging Reports](#).

Rationale

Patients with atrial fibrillation (either permanent, persistent, or paroxysmal) and stroke should be prescribed an anticoagulant to prevent recurrent strokes.*

*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Administer antithrombotic therapy (oral anticoagulation or aspirin) to all patients with atrial fibrillation (AF), except those with lone AF, to prevent thromboembolism. (American College of Cardiology/American Heart Association/European Society of Cardiology [ACC/AHA/ESC])

We recommend that clinicians use long-term oral anticoagulation (target INR of 2.5; range, 2.0 to 3.0) for prevention of stroke in atrial fibrillation patients who have suffered a recent stroke or transient ischemic attack (TIA). Oral anticoagulation is also beneficial for prevention of recurrent stroke in patients with several other high-risk cardiac sources. (American College of Chest Physicians [ACCP])

For patients with ischemic stroke or TIA with persistent or paroxysmal AF, anticoagulation with adjusted-dose warfarin (target INR, 2.5; range 2.0 to 3.0) is recommended. (American Stroke Association [ASA])

Evidence for Rationale

Albers GW, Amarenco P, Easton JD, Sacco RL, Teal P. Antithrombotic and thrombolytic therapy for ischemic stroke. Chest. 2001 Jan;119(1 Suppl):300S-20S. [160 references] [PubMed](#)

American Academy of Neurology, American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Stroke and stroke rehabilitation physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2010 Sep. 26 p. [8 references]

American College of Cardiology, American Heart Association, European Society of Cardiology. ACC/AHA/ESC guidelines for the management of patients with atrial fibrillation. J Am Coll Cardiol. 2001 Oct;38:1266i-lxx. [580 references]

Sacco RL, Adams R, Albers G, Alberts MJ, Benavente O, Furie K, Goldstein LB, Gorelick P, Halperin J, Harbaugh R, Johnston SC, Katzan I, Kelly-Hayes M, Kenton EJ, Marks M, Schwamm LH, Tomsick T. Guidelines for prevention of stroke in patients with ischemic stroke or transient ischemic attack: a statement for healthcare professionals from the American Heart Association/American Stroke Association Council on Stroke [trunc]. Stroke. 2006 Feb;37(2):577-617. [466 references] [PubMed](#)

Primary Health Components

Ischemic stroke; transient ischemic attack (TIA); atrial fibrillation (AF) (permanent, persistent, paroxysmal); anticoagulant therapy

Denominator Description

All patients aged 18 years and older with the diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patients who were prescribed an anticoagulant at discharge (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Hospital Inpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Institutionalization

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

All patients aged 18 years and older with the diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation*

*Note:

Persistent Atrial Fibrillation: Recurrent atrial fibrillation, not self-terminating or terminated electrically or pharmacologically
Paroxysmal Atrial Fibrillation: Recurrent atrial fibrillation, self-terminating
Permanent Atrial Fibrillation: Long-standing atrial fibrillation (greater than 1 year), cardioversion failed or not attempted

Exclusions

Documentation of medical reason(s) for not prescribing an anticoagulant at discharge
Documentation of patient reason(s) for not prescribing an anticoagulant at discharge

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of patients from the denominator who were prescribed* an anticoagulant at discharge

*Prescribed: May include prescription given to the patient for anticoagulant therapy at discharge or patient already taking anticoagulant therapy as documented in the current medication list.

Exclusions

None

Numerator Search Strategy

Institutionalization

Data Source

Administrative clinical data

Electronic health/medical record

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Measure #3: anticoagulant therapy prescribed for atrial fibrillation at discharge.

Measure Collection Name

Stroke and Stroke Rehabilitation Physician Performance Measurement Set

Submitter

American Academy of Neurology - Medical Specialty Society

Developer

American Academy of Neurology - Medical Specialty Society

American College of Radiology - Medical Specialty Society

National Committee for Quality Assurance - Health Care Accreditation Organization

Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration

Funding Source(s)

Unspecified

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Financial Disclosures/Other Potential Conflicts of Interest

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

Adaptation

This measure was harmonized to the extent possible with hospital level measures for stroke developed by The Joint Commission.

Date of Most Current Version in NQMC

2010 Sep

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in April 2016.

Measure Availability

Source not available electronically.

For more information, contact the American Academy of Neurology (AAN) at 201 Chicago Avenue, Minneapolis, MN 55415; Phone: 800-879-1960; Fax: 612-454-2746; Web site: www.aan.com

NQMC Status

This NQMC summary was completed by ECRI Institute on September 13, 2007. The information was verified by the measure developer on October 26, 2007.

This NQMC summary was edited by ECRI Institute on September 28, 2009.

This NQMC summary was retrofitted into the new template on June 10, 2011.

This NQMC summary was edited by ECRI Institute on April 27, 2012.

The information was reaffirmed by the measure developer on April 15, 2016.

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Production

Source(s)

American Academy of Neurology, American College of Radiology, Physician Consortium for Performance Improvement®®, National Committee for Quality Assurance. Stroke and stroke rehabilitation physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2010 Sep. 26 p. [8 references]

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